



## Division of Facilities Construction and Management

DFCM

### ROOFING CONTRACTOR INFORMATION

**Submitted To:** Matt Boyer – Roofing Program Manager  
State Of Utah – Division of Facilities Construction and Management  
4110 State Office Building – Salt Lake City, Utah 84114

**Submitted By:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

#### 1 ABOUT YOUR COMPANY

1.1 What is your form of business organization?

☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company

1.2 Please answer the following depending on your company's business organization:

##### **Corporation**

Date of incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Vice President's name(s): \_\_\_\_\_

Secretary's name: \_\_\_\_\_

Treasurer's name: \_\_\_\_\_

##### **Partnership/proprietorship**

Date of organization: \_\_\_\_\_

Names and addresses of all partners (state whether general or limited partnership) or sole proprietor: \_\_\_\_\_

##### **Limited Liability Company (LLC)**

Date of organization: \_\_\_\_\_

Names and addresses of all principals: \_\_\_\_\_

1.3 If other than a corporation, sole proprietorship, partnership or LLC, describe the type of company and name principals.

\_\_\_\_\_

1.4 List categories in which your company is legally qualified to do business in Utah and provide a copy of listed licenses.

Contractor's License #

Exp. Date

Category/ License type

_____	_____	_____
_____	_____	_____
_____	_____	_____

1.5 Please provide the name of your general liability insurance company, along with name, phone number and address of your agent.

Company Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.6 What is your current coverage limits? \_\_\_\_\_

1.7 Please provide a proof of insurance & coverage limits on general liability insurance & workers compensation insurance.

## 2.0 ABOUT YOUR WORK

2.1 What kind of roofing work does your company perform? Check all that apply & list years of experience. Please explain any "Other" sections checked.

Steep Slope Roofing: ☐ Asphalt Shingles \_\_\_\_\_ ☐ Cedar Shakes \_\_\_\_\_ ☐ Concrete Tiles \_\_\_\_\_

☐ Metal Panels \_\_\_\_\_ ☐ Other \_\_\_\_\_

Low Slope Roofing: ☐ B.U.R. Tar & Gravel \_\_\_\_\_ ☐ Modified Bitumen \_\_\_\_\_ ☐ EPDM \_\_\_\_\_

☐ PVC \_\_\_\_\_ ☐ Hypalon \_\_\_\_\_ ☐ TPO \_\_\_\_\_

☐ Sprayed Polyurethane Foam \_\_\_\_\_ ☐ Other \_\_\_\_\_

Miscellaneous: ☐ Waterproofing \_\_\_\_\_ ☐ Coatings \_\_\_\_\_ ☐ Sheet Metal \_\_\_\_\_

☐ Roof Maintenance \_\_\_\_\_ ☐ Leak Repairs \_\_\_\_\_ ☐ Other \_\_\_\_\_

2.2 Please list all manufacturers & types of roofs your company is certified to do repair work on a manufacturer's warranted roofing system:

_____
_____
_____
_____

2.3 Please provide a percentage breakout of what types of roof systems your company did the previous year: \_\_\_\_\_

---

2.4 What regions in the State of Utah are you willing to travel for repair / maintenance work? \_\_\_\_\_

---

2.5 What roofing systems do you specialize in or feel most comfortable in performing repairs / maintenance on? \_\_\_\_\_

---

2.6 Who should we contact for maintenance or leak repairs? \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

